



Sandy City Parks & Recreation
440 East 8680 South
Sandy, Utah 84070-1799
P: 801-568-2900
F: 801-561-6733
www.sandy.utah.gov/parks

TO: INDOOR SOCCER COACHES

FROM: SANDY PARKS & RECREATION

DATE: November 2, 2015

SUBJECT: PRE-FORMED TEAM REGISTRATION FORMS

The following steps are to be followed when registering 8 players for the same team in the above program:

1. Coach must complete the attached team approval form (back) and return it with each player's registration form and payment. Please make sure all forms are filled out, front and back, completely and accurately. If additional players request to be on your team, but were not included in the original team approval form, they may be added to your team upon availability. Listing a player, without the registration form completed and signed, does not guarantee they will be on your team and a spot will **NOT** be held. Only one extra player may be added to a team, upon approval.
2. Players must be in the same age and grade bracket. Advanced players are allowed to play up one year.
3. Our goal is for all players to play equally, learn new skills and to have fun. This is a recreational league.
4. Register as soon as possible. **Registration deadline is December 16, 2015 or when leagues fill.**
5. Thank you for your honesty and support!

SANDY PARKS & RECREATION 2016 INDOOR SOCCER TEAM PRE-APPROVAL FORM

440 East 8680 South - Sandy, Utah 84070 - P: (801) 568-2900 - F: (801) 561-6733

Office use only

Date out: _____

Date in: _____

LOCATION /LEAGUE: _____ AGE GROUP: _____

COACH'S NAME: _____ E-MAIL: _____

PREFERRED PHONE #: _____ ALTERNATE PHONE #: _____

ASST. COACH: _____ E-MAIL: _____

PREFERRED PHONE #: _____ ALTERNATE PHONE #: _____

PREFERRED UNIFORM COLOR: _____

Office use only:

Please attach players registration forms with payment & return completed information as soon as possible. Limited number of participants available at each location. If a player form is not attached please note it next to their name. Listing a player does not guarantee they will be on your team.

	PLAYERS NAME (Please print)	BIRTH DATE	GRADE	YEARS EXP.	ELEMENTARY SCHOOL
1.		___/___/___			
2.		___/___/___			
3.		___/___/___			
4.		___/___/___			
5.		___/___/___			
6.		___/___/___			
7.		___/___/___			
8.		___/___/___			

I _____ certify that the above information is accurate and agree to provide Sandy City with any other information needed to place my players in the proper division of play.

Coach's Signature

Date